

Who Visits SBHCs & Why

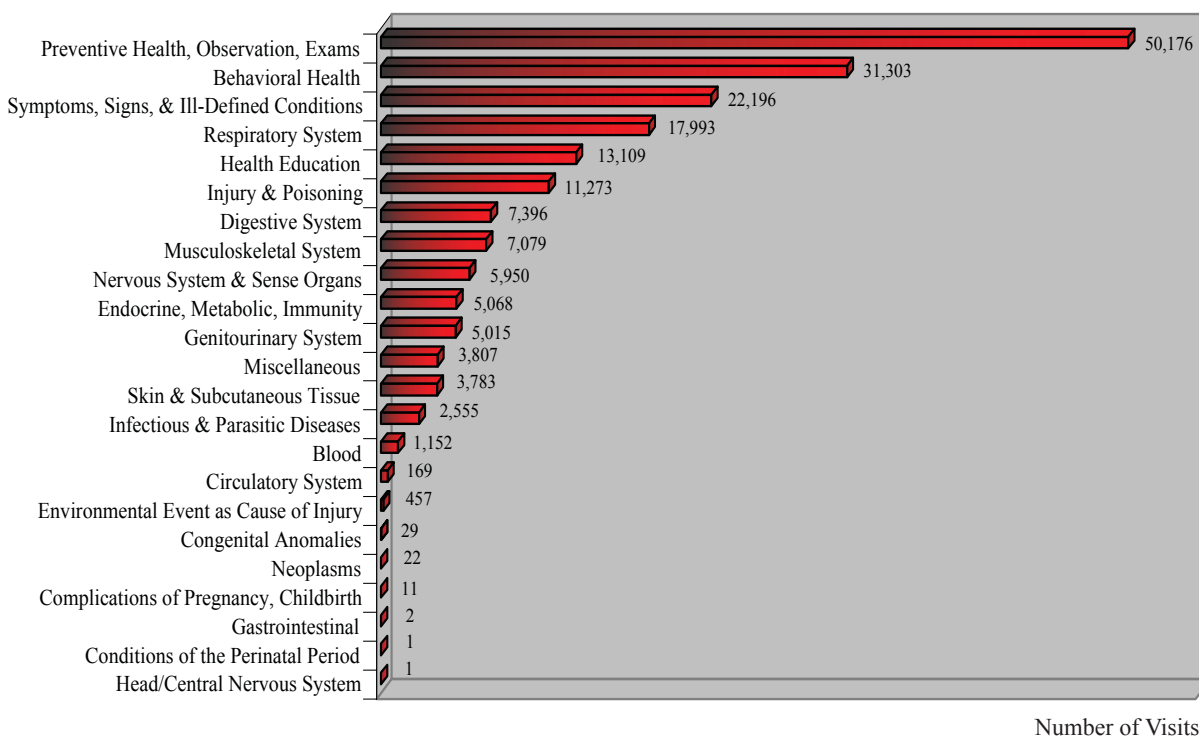


Section

7

Louisiana School-Based Health Centers

Number of Conditions Seen at SBHCs, by Category

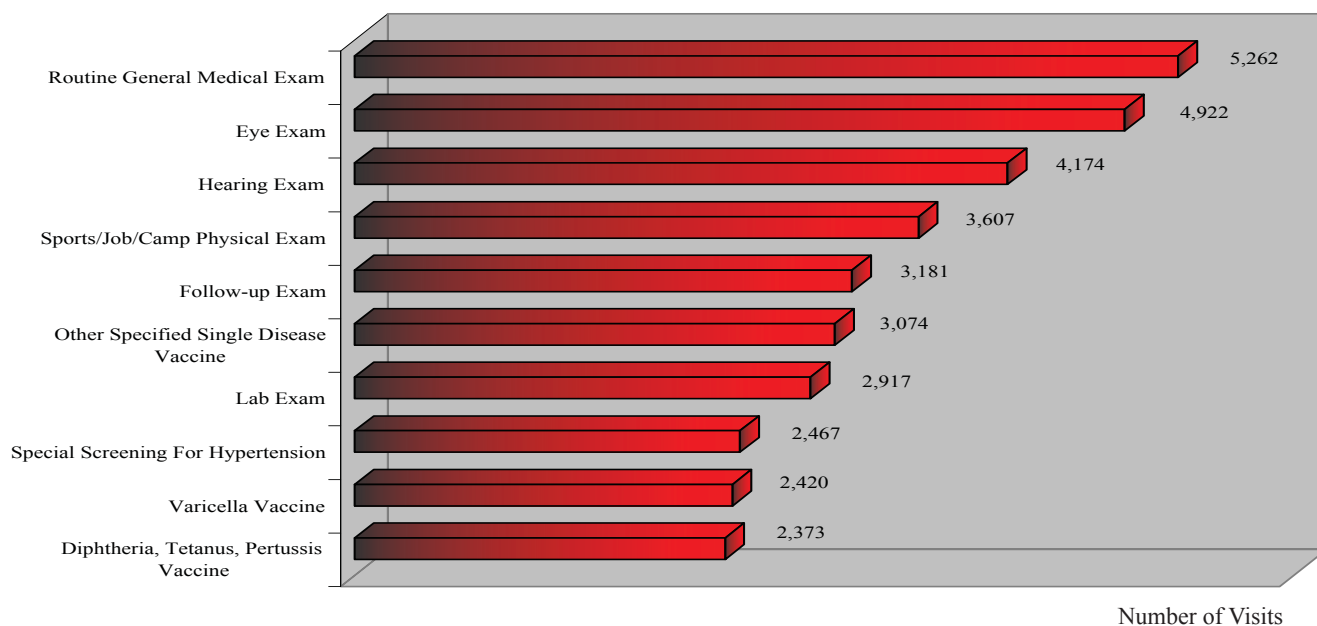


* OPH-ASHP categories were changed this year to reflect the ICD-9 code book categories. The Symptoms, Signs & Ill-Defined Conditions Category includes, but is not limited to the following conditions: abdominal pain, cough, headache & nausea.

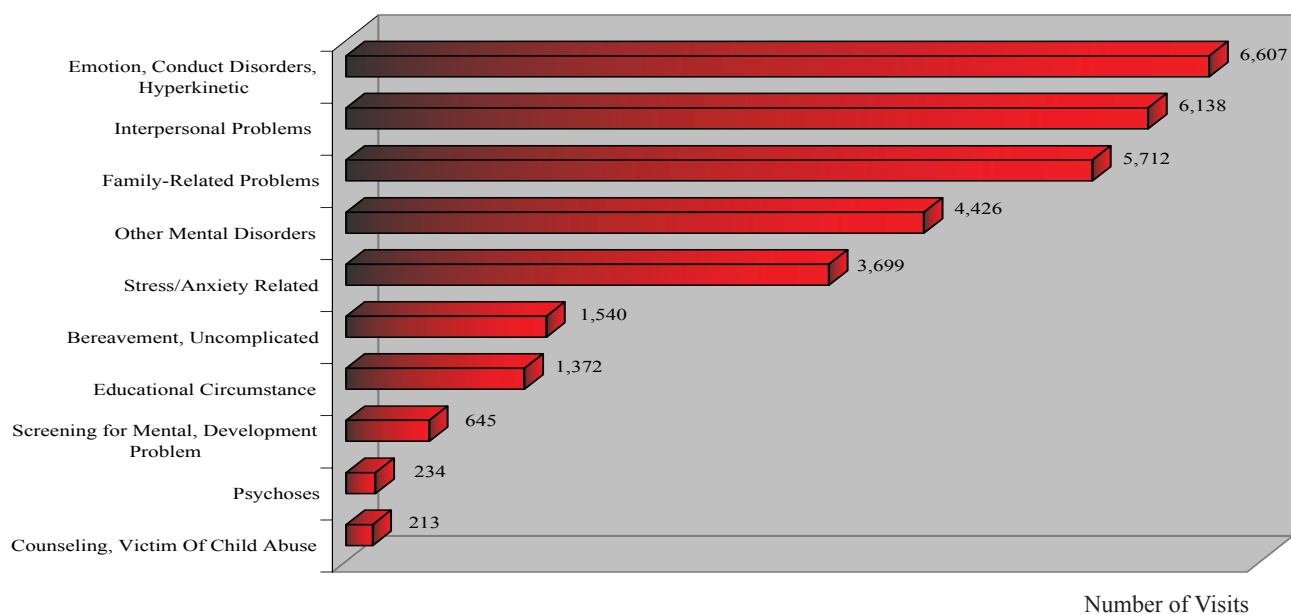
A Glance at 2008-2009 Utilization

43,767 Students Registered at SBHCs
 29,711 Students Received Services at SBHCs
 142,345 Total Individual Visits Made to SBHCs
 4.8 Average Number of Visits Per Student
 8,621 Total Visits For Group Counseling

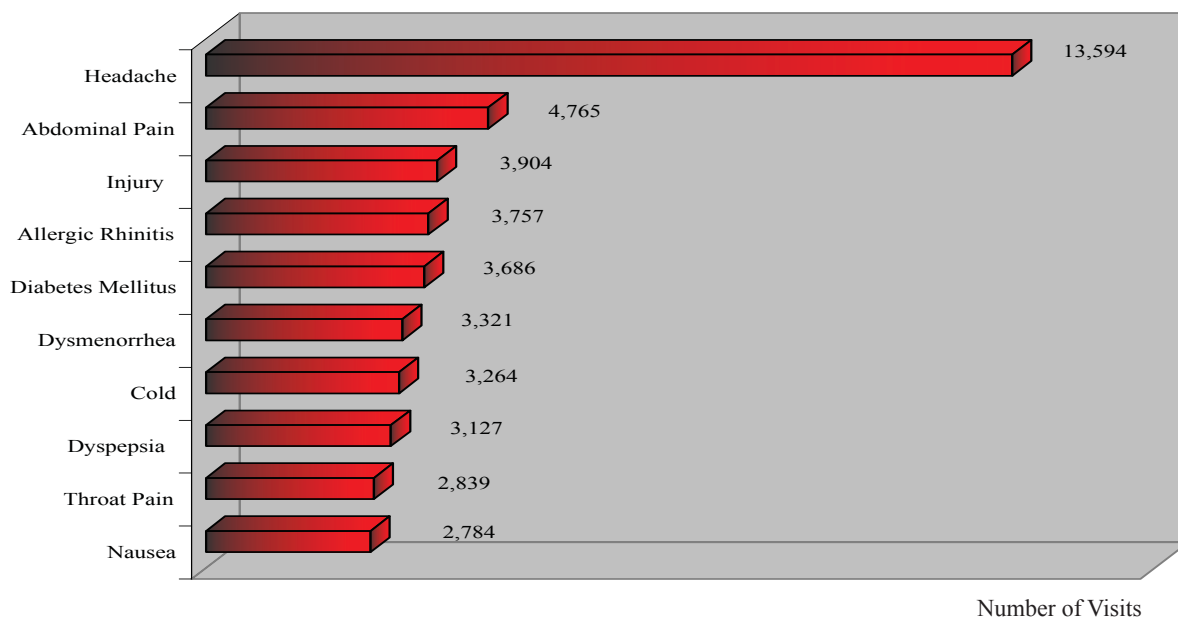
Leading Reasons for Preventive Health, Observation, Exams Visits



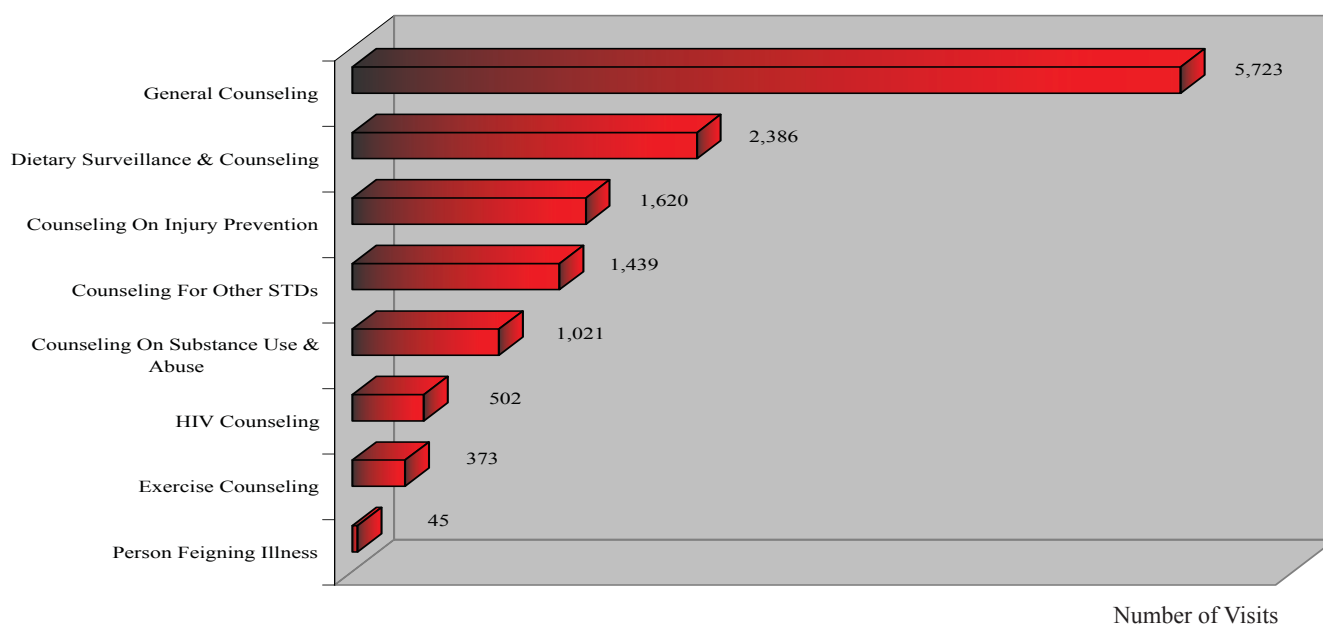
Leading Reasons for Behavioral Health Visits



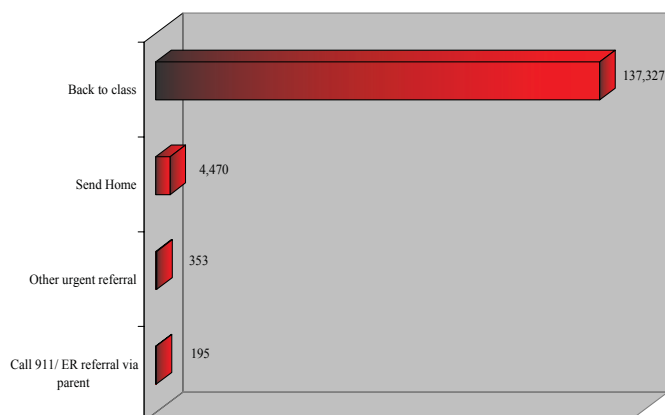
Leading Conditions for Injury and Illness Related Visits



Leading Reasons for Health Counseling and Education Visits

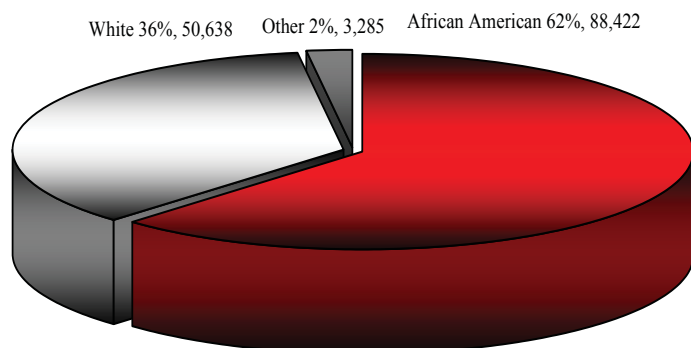


Total Visits by Disposition, 2008-2009

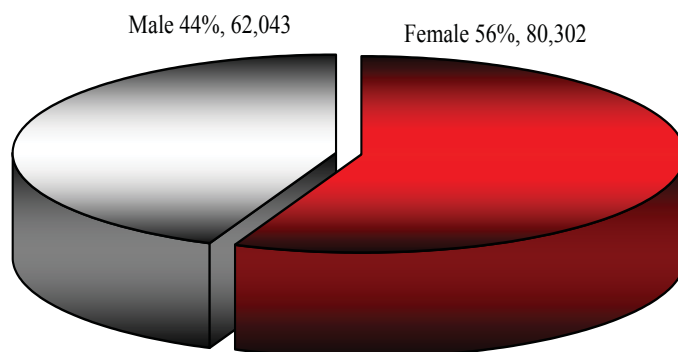


Of the 142,345 visits to LA SBHCs, students were sent back to class 97% of the time, thereby reducing time students are out of school.

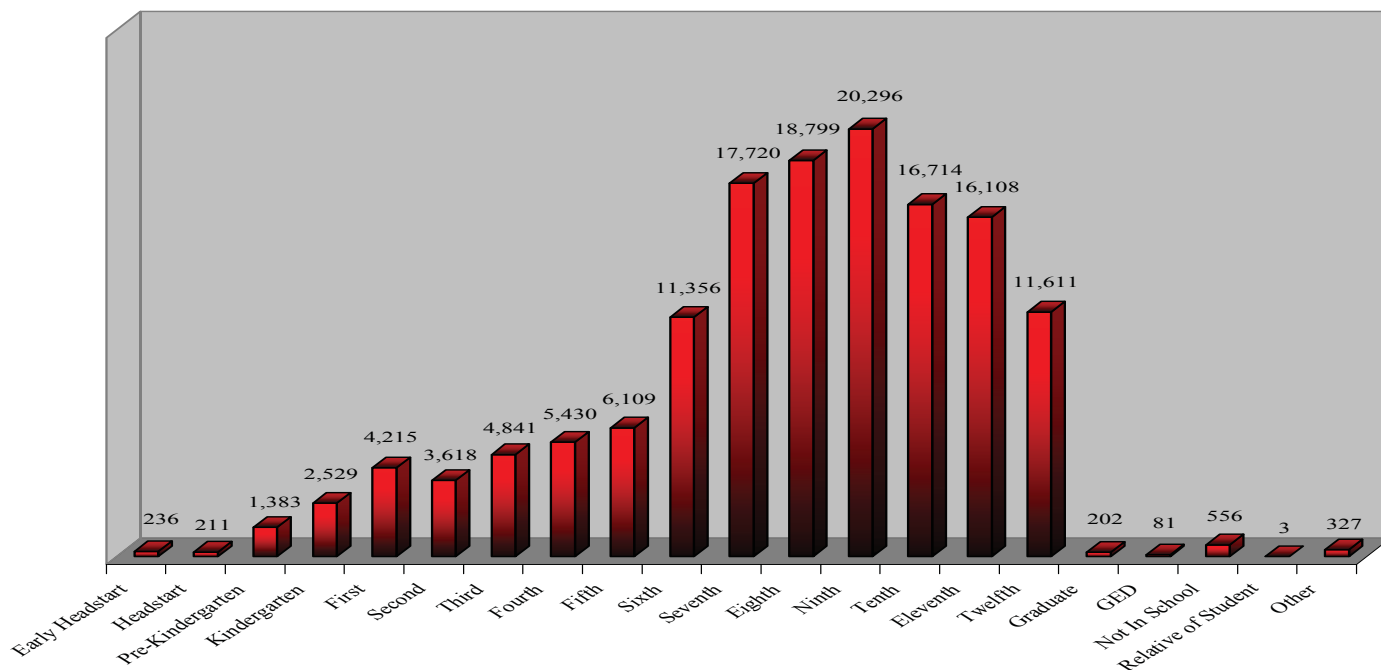
Total Visits, by Race, 2008-2009



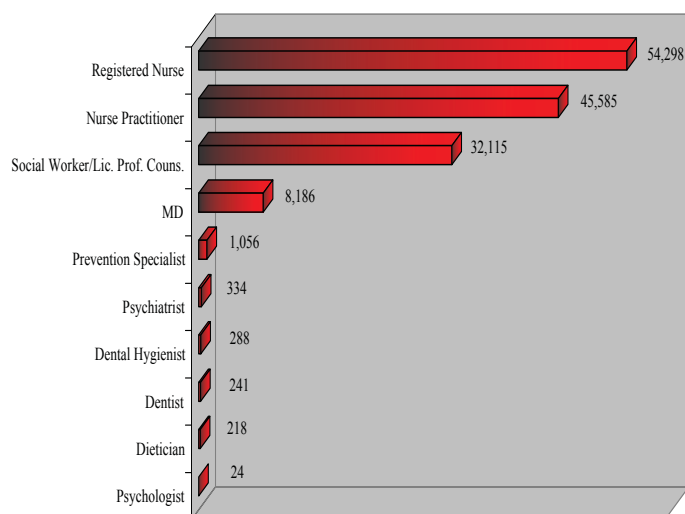
Total Visits, by Sex, 2008-2009



Total Visits by Grade for all SBHCs



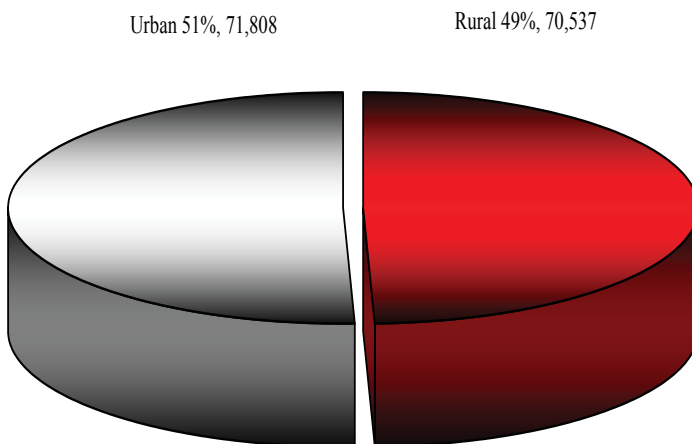
Total Visits by Provider Type, 2008-2009



Services in SBHCs are provided by a multidisciplinary team of professionals who work together to address all aspects of the students' well being: physical, mental, and emotional. (See chart on the left.) All SBHCs are staffed with nurses, primary care providers (nurse practitioners and physicians), and master level behavioral health professionals. Some SBHCs also have psychiatrists and psychologists. A few SBHCs are able to offer dental services onsite.

Total Visits by Rural and Urban SBHC Sites, 2008-2009

The Adolescent School Health Initiative began in urban schools with high concentrations of economically disadvantaged and uninsured students. However, immediately after its inception, rural communities recognized the immense value SBHCs have toward providing health care services to adolescents otherwise lacking access to such care. While all adolescents experience similar needs, both the obvious and subtle differences can be addressed by the local SBHC because it remains a community-based initiative.



Comparison Ranking of Top 10 Conditions, Rural versus Urban

Rural

1. Preventive Health, Observation, Exams
2. Symptoms, Signs & Ill-Defined Conditions
3. Behavioral Health
4. Respiratory System
5. Injury & Poisoning
6. Health Education
7. Digestive System
8. Musculoskeletal System
9. Endocrine, Metabolic, Immunity
10. Nervous System & Sense Organs

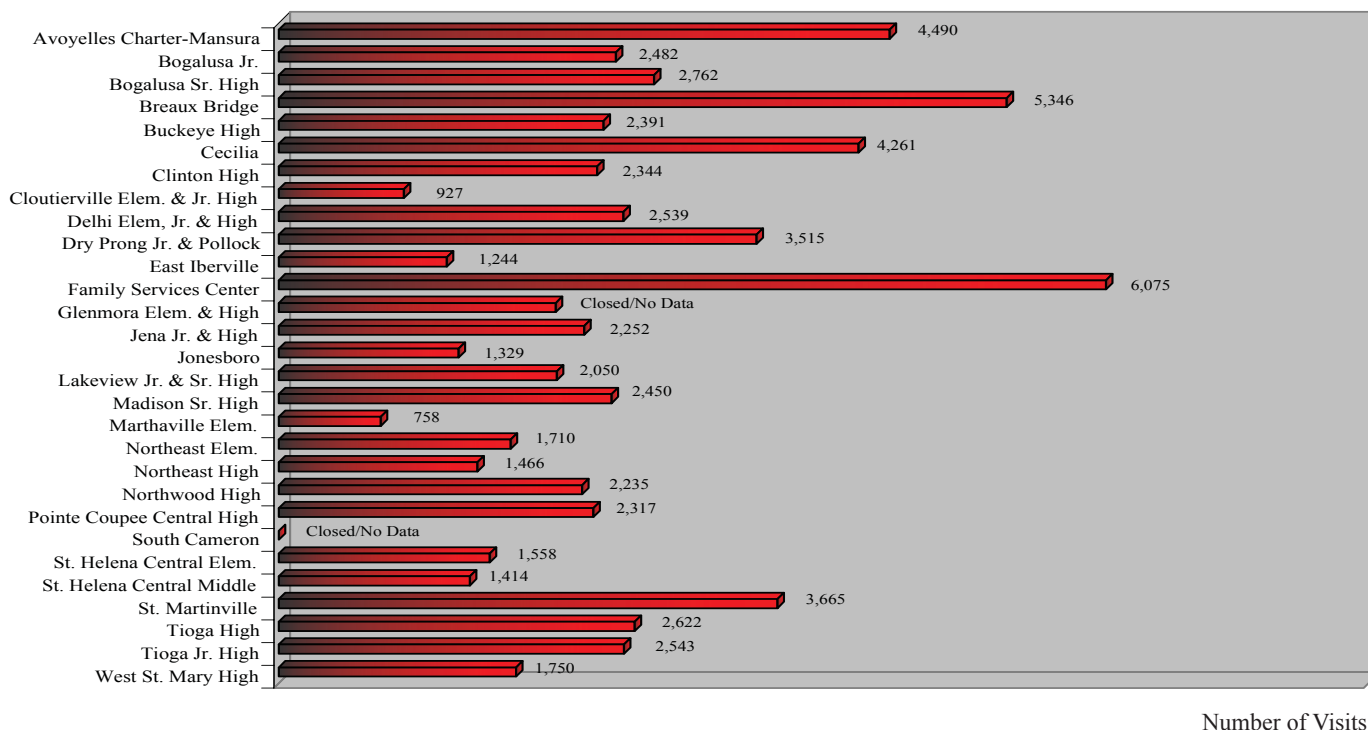
Urban

1. Preventive Health, Observation, Exams
2. Symptoms, Signs & Ill-Defined Conditions
3. Behavioral Health
4. Respiratory System
5. Health Education
6. Injury & Poisoning
7. Digestive System
8. Musculoskeletal System
9. Nervous System & Sense Organs
10. Genitourinary System

Total Student Visits by Site, 2008-2009

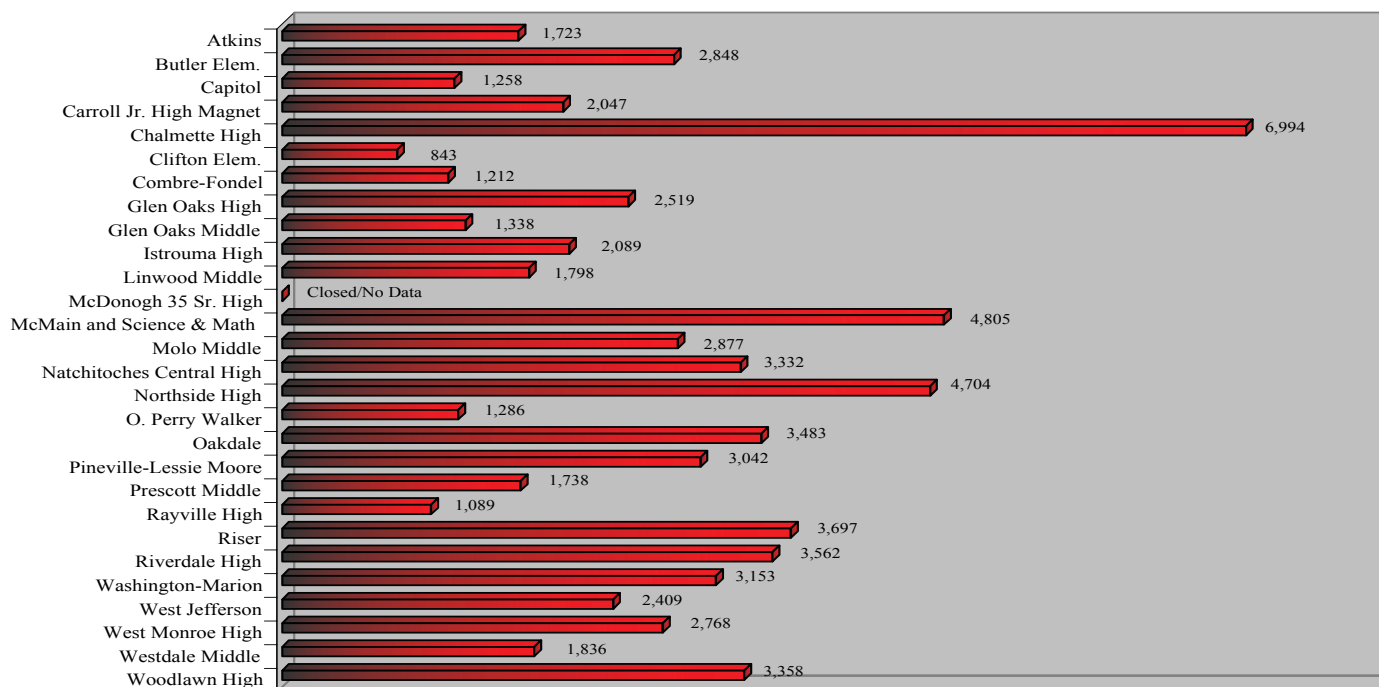
(This includes 8,621 visits for treatment intervention groups.)

Rural Sites



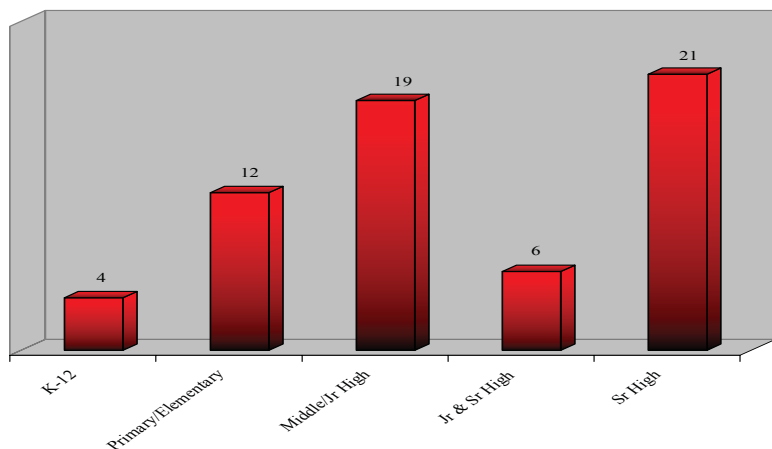
Number of Visits

Urban Sites



Number of Visits

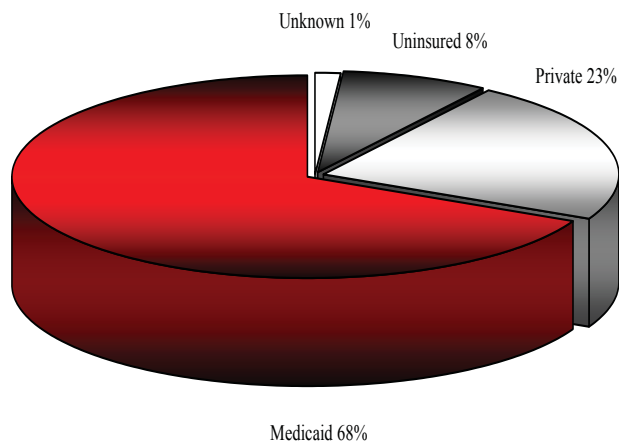
Type of Schools That House SBHCs



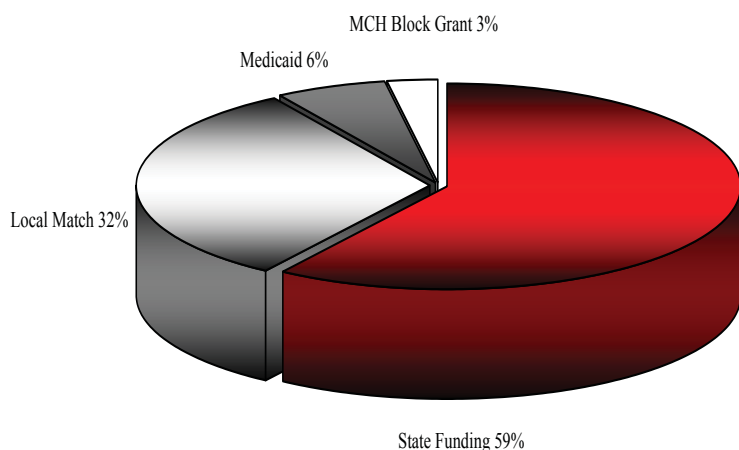
Although SBHCs are mandated to serve middle and high school students, primary/elementary schools serve as “feeder” locations, so that younger students also have access to SBHC services (See Visits by Grade on page 19.) In some areas, SBHCs are located on primary/elementary school campuses when no space is available at nearby middle or high schools (left).

The primary reasons OPH funds SBHCs are demonstrated need and lack of access to care.

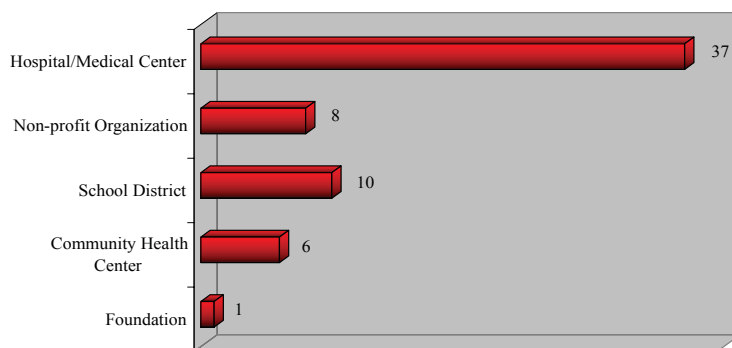
Insurance Status of Those Using the SBHC



Sources of SBHC Funding



Type of Sponsorship for each SBHC



For every dollar the state invests in SBHCs, an additional 61 cents is provided by other sources, including local communities, federal and private grants, and Medicaid. The local match of 20% is a requirement of the OPH grant, which these communities consistently exceed.

Recognizing that adolescents often delay or avoid seeking needed health services in traditional settings, the Louisiana Medicaid Program designated SBHCs as a unique provider type in Louisiana’s Community CARE Program in 2004-05.